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PTO IDENTIFIER: Application Number 09/925,613-Conf. #2976

Patent Number

Inventor: Artla Szepevary et al.

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PAGES (Including Cover Sheet): 3

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Certificate of Transmission (1 page)

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PTO/SB/97 (09-04)

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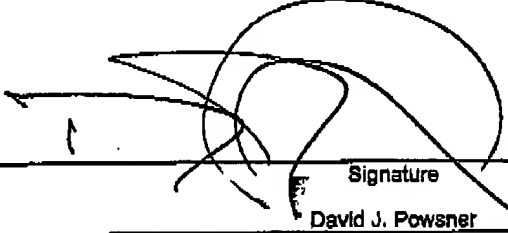
Application No. (If known): 09/925,618

Attorney Docket No.: 102874-0006

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Interview Request (1 page)

PTOL-413A (09-04)
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Applicant Initiated Interview Request Form

Application No.: 09/925,613-Conf. #2978 First Named Applicant: Attila Szepesvary
Examiner: K. L. J. Tang Art Unit: 2122 Status of Application: FILED CASE

Tentative Participants:

(1) Examiner Tang (2) David Powsner
(3) _____ (4) _____

Proposed Date of Interview: End of January Proposed Time: At the Examiner's Convenience (AM/PM)

Type of Interview Requested:

(1) ☒ Telephonic (2) ☐ Personal (3) ☐ Video Conference

Exhibit To Be Shown or Demonstrated: ☐ YES ☒ NO

If yes, provide brief description: _____

Issues To Be Discussed

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) <u>Rej.</u>	<u>1-25</u>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Continuation Sheet Attached

Brief Description of Arguments to be Presented:

Proposed amendments to the claims

An interview was conducted on the above-identified application on _____.

NOTE:

This form should be completed by applicant and submitted to the examiner in advance of the interview (see MPEP §713.01).

This application will not be delayed from issue because of applicant's failure to submit a written record of this interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.133(b)) as soon as possible.

Applicant/Applicant's Representative Signature

Examiner/SPE Signature

Typed/Printed Name of Applicant or Representative

Registration Number, if applicable